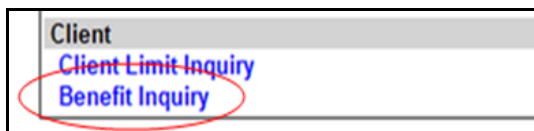


May 2014 Successful Eligibility Checks using ProviderOne

There are three different profiles that can be used to check client eligibility in ProviderOne:

- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider Super User

Next choose the Benefit Inquiry link under the Client section of the Provider Portal:



Use one of the sets of criteria noted below, as seen on the Client Eligibility Inquiry screen, along with the date(s) of service:

- ProviderOne Client ID (Client Identification Code)
- Last Name, First Name AND Date of Birth
- Last Name, First Name AND SSN
- SSN AND Date of Birth
- ProviderOne Client ID, Last Name, First Name AND Date of Birth
- ProviderOne Client ID, Last Name AND Date of Birth
- ProviderOne Client ID AND Last Name

NOTE: A span of dates up to two years can be entered, however ProviderOne only holds four years of eligibility information. If confirmation is required for eligibility beyond four years, send a Service Request through “Contact Us” at: <https://fortress.wa.gov/dshs/p1contactus/>. Choose the Provider form button and use the dropdown to enter “Client Eligibility Clarification” as the topic. If you require immediate eligibility assistance (appointment is within 48 hours), please call the Medical Assistance Customer Service Center at 800-562-3022 and follow the prompt for “Provider Services.”

ProviderOne displays the search criteria used and provides basic client information including Client ID, Gender, and Date of Birth:

Printer Friendly Version
Close Submit Another Inquiry Exit

Search Criteria Used

Selection Criteria Entered:

Date of Request: 12/20/2011
Time in Request: 10:11:16 AM PST
Provider ID: 110320900
From Date of Service: 12/20/2011
To Date of Service: 12/20/2011

ProviderOne Client ID: 600212788WA
Client Date of Birth:
Client SSN:
Client Last Name:
Client First Name:

Client Demographic Information:

ProviderOne Client ID: 600212788WA
Client First,Middle,Last Name:
CSO/HCS: 133-OAK HARBOR/ISLAND COUNTY HCS
County Code: 015-Island
CSOR: 015-OAK HARBOR CSO
Date of Birth: 06/28/1951
Gender: Female
Language: ENG-English
Placement:
ACES Client ID: 602411160
HIC:

System Response Information:

Valid Request Indicator:
Reject Reason Code:
Follow-Up Action Code:

Basic client information returned including the Client ID, Gender, and Date of Birth

Unsuccessful eligibility checks will be returned with an error message in the “System Response Information” area stating “Subscriber/Insured ID Not Found” and “Please correct data and resubmit.”

Scroll down to view the Client Eligibility Spans and Managed Care Information. If the client had Medicare or commercial insurance, this information would also be shown here with the relevant date spans and carrier codes. **Please note that Nursing Home information will not be displayed in these sections.**

Client Eligibility Spans								
Insurance Type Code ▲ ▼	Recipient Aid Category (RAC) ▲ ▼	Benefit Service Package ▲ ▼	Eligibility Start Date ▲ ▼	Eligibility End Date ▲ ▼	ACES Coverage Group ▲ ▼	ACES Case Number ▲ ▼	Retro Eligibility ▲ ▼	Delayed Certification ▲ ▼
MC: Medicaid	1201	ABP	01/01/2014	12/31/2999	N05			

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Message(s): This is the Client's eligibility as of this date, based on information available at this time

Managed Care Information							
Insurance Type Code ▲ ▼	PCCM Code ▲ ▼	Plan/PCCM Name ▲ ▼	Plan/PCCM ID ▲ ▼	Plan/PCCM Phone Number ▲ ▼	PCP Clinic Name ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼
HM: Health Maintenance Organization	MC: Capitated	MHC Apple Health Adult Coverag	105010207	(800) 869-7165	HEALTHPOINT SEATAC MEDICAL	04/01/2014	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	King County RSN - Mental Health Services Only	105020601	(800) 790-8049		01/01/2014	12/31/2999

Medicare Eligibility Information			
Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Eligibility Start Date ▲ ▼	Eligibility End Date ▲ ▼
30: Health Benefit Plan Coverage	MA: Medicare Part A	05/01/2014	12/31/2999
30: Health Benefit Plan Coverage	MB: Medicare Part B	08/01/2012	12/31/2999

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Message(s): We believe this information to be correct, but you must verify eligibility and coverage with specified payor

Coordination of Benefits Information									
Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Insurance Co. Name & Contact ▲ ▼	Carrier Code ▲ ▼	Policy Holder Name ▲ ▼	Policy Number ▲ ▼	Group Number ▲ ▼	Plan Sponsor ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼
30: Health Benefit Plan Coverage	C1: Commercial	HEALTHSPRING PRESCRIPTION DRUG PLAN (800) 331-6293	S5932					05/01/2014	12/31/2999

The Coordination of Benefits Information section may also display Medicare Part D prescription benefit information.

NOTE: It is recommended that you verify eligibility for each visit. This screen can be printed using the “**Printer Friendly Version**” hyperlink at the top of this screen.